

Dr Logan

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

2400

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

PLACE OF DEATH

County Putnam Registration District No. 665
Township Springfield Primary Registration District No. 5891
City Adalia (No.)

File No.
Registered No. 29
St. Ward)

2. FULL NAME Francis Elaine Willis
(a) Residence, No. Adalia Route 2 St. Ward.
(Usual place of abode)
Length of residence in city or town where death occurred yrs. 7 mos. 12 ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY AND YEAR) June 9, 1930
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
7 9 12

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Infant
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Adalia, Route 2
(STATE OR COUNTRY) Putnam County, Mo.

10. NAME OF FATHER Loy Hugh Willis

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Henry Co.
(STATE OR COUNTRY) Missouri

12. MAIDEN NAME OF MOTHER Mary Elsie Nagus

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Putnam Co.
(STATE OR COUNTRY) Missouri

14. INFORMANT Loy Hugh Willis
(Address) Adalia Route 2

15. FILED 1-23-31 J. J. Love REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan 21 1931
17. I HEREBY CERTIFY, That I attended deceased from Jan 1st, 1931, to Jan 21, 1931, and that I last saw him alive on Jan 11, 1931, and that death occurred, on the date stated above, at 11 o'clock am.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Pneumonia Bronchial
17A
CONTRIBUTORY Whooping cough
(SECONDARY)
Chloroform (duration) yrs. mos. 1 da.
Chloroform (duration) yrs. mos. 31 da.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH, ...
DID AN OPERATION PRECEDE DEATH? No DATE OF ...
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? usual
(Signed) Dr. J. Logan, M. D.
19 (Address) 213 N. 6th

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Bethel Cemetery DATE OF BURIAL Jan 23 1931

20. UNDERTAKER McHugh & Co. ADDRESS Adalia

